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Bib Data Sheet

CONFIRMATION NO. 8615

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| SERIAL NUMBER 10/646,357 | FILING OR 371(c) DATE 08/22/2003 RULE | CLASS 601 | GROUP ART UNIT 3771 | ATTORNEY DOCKET NO. E100.12.12 |
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/902,471 07/10/2001 PAT 6,676,614 * (*Corrected - new oath*) Data provided by applicant is not consistent with PTO records. *DO*

** FOREIGN APPLICATIONS *****

NONE DO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
01/14/2004

** SMALL ENTITY **

| | | | | |
|--|------------------------|---------------------|-----------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 6 | TOTAL CLAIMS 41 39 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials | | | | |

ADDRESS

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TITLE

AL Respiratory vest *with inflatable bladder*

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| FILING FEE RECEIVED 682 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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